



LEICESTERSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL
REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1936

J. A. FAIRER, M.D., D.P.H.

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17 FRIAR LANE,

LEICESTER.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the work of the School Medical Service for the year 1936.

The only change in the personnel of the staff has been the appointment of Dr. A. A. Lisney as Senior Assistant School Medical Officer in place of Dr. D. G. Anderson who resigned.

The work itself has been of the general routine character but it has been decided that more suitable premises should be made available for clinical and dental examinations and treatment here in Leicestershire. The attendance of children accompanied in many cases by parents has caused congestion in the main office in Friar Lane and the conversion of premises in St. Martin's into a combined clinic for School Medical and Dental work will be of great service when completed towards the end of 1937.

In the last quarter of the year an unfortunate epidemic of diphtheria caused anxiety in the Markfield area and although all precautions were taken both in and out of the schools, sporadic cases continued to occur. During the same period an epidemic of Catarrhal Jaundice was discovered in Desford and Newbold Verdon and this spread to other villages in the vicinity. This disease, although infectious, is fortunately rarely encountered and still more fortunately has a low mortality rate. It chiefly affected children of school age but younger and older persons were also attacked. Full particulars of this epidemic will be found in the section dealing with infectious diseases.

It will be noted that the number of routine inspections is slightly less than in previous years as is also the number of treatments. This is due to the extension of the City Boundary, which involved the transfer of a number of schools and children to the Leicester City Authority.

I would like to thank the whole of the staff for their work during the year and particularly Dr. Cowan, Deputy School Medical Officer and Mr. Thornton, Chief Clerk in the School Medical Department. To the former I am indebted for the production of this Report and to the latter for the compilation of the statistics. It is due to their energy and enthusiasm that the Leicestershire School Annual Report is regularly one of the first County Reports published.

To the Chairman and all members of the Committee, I would like to say how much I appreciate the help and kind consideration which I have received at all times.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. A. FAIRER,

School Medical Officer.

January, 1937.

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REPORT.

I.—GENERAL STATISTICS.

Population of the County.

The estimated population of Leicestershire as returned by the Registrar General in June, 1935, was 295,230. The Borough of Loughborough with a population of 27,288 is the only separate authority for elementary education within the administrative County. The total population with which the County Education Committee is concerned for purposes of Elementary Education is, therefore, 267,942.

Number of Schools and Scholars.

There are 277 Elementary Schools in the County, 105 Council Schools and 172 Voluntary Schools. The average number of children on the rolls of elementary schools during the year 1936 was 34,026 and the average attendance was 30,612, or 90 per cent.

II.—STAFF OF THE SCHOOL MEDICAL SERVICE.

School Medical Officer :

J. A. Fairer, M.D., D.P.H. (County Medical Officer of Health).

Deputy School Medical Officer :

K. Cowan, M.D., D.P.H. (Deputy County Medical Officer of Health).

Senior Assistant School Medical Officer and Assistant County Medical Officer of Health :

A. A. Lisney, M.A., M.B., D.P.H.

Assistant School Medical Officers :

S. E. Murray, M.B., B.S.

J. B. Dalton, M.B., Ch.B.

Mary E. Weston, M.B., B.S.

Constance Walters, B.Sc., M.B., B.Ch. (School Oculist).

School Dental Surgeon :

P. Ashton, L.D.S.

Assistant School Dental Surgeons :

A. E. Ward, L.D.S.
 C. L. R. McLellan, L.D.S.
 D. R. A. Wilcox, L.D.S.
 L. D. Smith, L.D.S.

The above officers are all employed full time in the service of the Authority. Dr. Murray and Dr. Dalton devote the whole of their time to school medical work. Dr. Weston devotes two thirds of her time to school medical work and one third to Maternity and Child Welfare. The work of Dr. Walters is equally divided between the Maternity and Child Welfare Service and the examination and treatment of school children suffering from defective eyesight. The work of Dr. Cowan and Dr. Lisney is chiefly concerned with the general administration of the service and the control of its special branches. These two officers have other duties in the Public Health Service and only a portion of their time is allotted to school medical work.

SCHOOL NURSES.

*Mrs. Warren (Superintendent).

*Miss A. Addy, S.R.N.
 Mrs. A. D. Antrobus, S.R.N.
 Miss A. J. Bailey, S.R.N. (*resigned 31/8/36*).
 †Miss C. E. Bangham, S.R.N.
 Mrs. S. J. Bourne, S.R.N.
 Mrs. P. Brunsdon, S.R.N.
 *†Miss G. E. Butler, S.R.N.
 *Mrs. F. E. Cade.
 Miss G. I. Carryer, S.R.N.
 Miss V. L. Davies, S.R.N.
 Miss M. A. Dilworth, S.R.N.
 Miss G. E. Earl, S.R.N. (*appointed 1/9/36*).
 †Miss E. Y. Feakin, S.R.N.
 Miss L. Fox, S.R.N.
 Miss T. M. Griffiths, S.R.N.
 *Miss K. A. Marsh, S.R.N.
 †Miss W. C. Porter, S.R.N.
 Miss E. H. Seabrook, S.R.N.
 Miss W. A. Simmons, S.R.N.
 Mrs. E. E. Wright, S.R.N.

All the above are fully trained Nurses and hold the certificate of the Central Midwives' Board. Those marked * hold the Certificate

of Sanitary Inspector and those marked † have the Health Visitors' Certificate (Ministry of Health). The Superintendent holds the Child Welfare Workers' Certificate.

III.—CO-ORDINATION.

The need for co-ordination between the various services which deal with the health of the infant and the child is now generally recognised and steps are taken to ensure that full benefit is obtained from each service and to avoid overlapping.

In this County, the records obtained at Infant Welfare Centres and from Health Visitors are preserved for each child until School age is attained when they are passed on to the School Medical Officers to assist them in their continuation of the work of preserving the health of the child at school. These records include any case histories of special defects embodying full details of treatment, etc., and furnish a valuable fund of information for the School Medical Officers. Treatment for orthopædic, visual and other defects continues uninterrupted when the child enters School and home visiting is continued by the same nursing personnel who act both as Health Visitors and School Nurses.

Co-ordination is therefore as complete as is possible between the Maternity and Child Welfare Service and the School Medical Department, but it is not yet possible to bridge completely, the gap which exists between the Infant Welfare Centre and the commencement of medical inspection at school. The pre-school child does not as a rule continue to attend the Infant Welfare Centre and the hiatus which exists can only partially be filled by attendance at Toddlers' Clinics and Nursery Schools.

The School Medical Service has also points of contact with other health and educational activities of the local authority. The Assistant School Medical Officers work in co-operation with the education department with regard to absences from school through illness, ascertainment and certification of physically and mentally defective children and the exclusion of children suffering from infectious or contagious disease. In the latter connection, close co-operation with the School Attendance department has become, more than ever, necessary in the control of the spread of infectious disease in Central or Modern Schools.

Cases of suspected tuberculosis found at routine or special inspections in the schools or clinics are referred to the Tuberculosis Officers for confirmation of diagnosis and any necessary home supervision or treatment.

Inspections of the School premises are carried out by the Assistant School Medical Officers at the time of their visits to the Schools and defects found are reported to the Education Architect or referred to the appropriate department for necessary action.

IV.—MEDICAL INSPECTION.

All children in the scheduled age groups have been examined during the year together with any special cases referred by Teachers, Nurses or Parents. In the majority of cases the inspections are carried out on the school premises, but where possible advantage is taken of the facilities provided in the Health Centres in various parts of the County.

Any child with a defect discovered in the previous year is re-inspected both by the Medical Officers and School Nurses. All cases of a serious nature are re-inspected each year if, of course, the children are present at school at the time of the Medical Officer's visit.

The routine inspections are carried out during the morning and afternoon school sessions and special visits are made to the homes of children where considered necessary. In each case where the examination concerns a mentally or physically defective child, a home visit is essential.

Every endeavour is made by the staff of the Medical Department to avoid any unnecessary disturbance of the ordinary school routine during a medical inspection but as is to be expected, a certain amount of disorganisation is unavoidable. In all the modern schools a clinic room is provided and has proved of great benefit to the Medical Officers and Teachers. During a medical examination a certain amount of quiet is absolutely essential and the provision of a special clinic room is much appreciated by the medical staff. In some of the smaller rural schools the conditions are not exactly what one would desire, but I am pleased to report that improvements are being made yearly.

The total number of children examined in the scheduled age groups at routine medical inspection in the schools was as follows :

Elementary Schools, 10,696 compared with 12,275 last year.

Secondary Schools, 1,434 compared with 1,632 last year.

The total number of children examined this year is considerably less than last year owing to the fact that the City boundaries were extended in 1935 and approximately 4,100 children were transferred to the City Education Authority.

With less routine work it has been possible to devote more time to the examination of mentally and physically defective children and consequently much valuable information has been obtained.

V.—FINDINGS OF MEDICAL INSPECTION.

(a) Uncleanliness.

During routine and special inspections 308 cases of uncleanliness were reported and were immediately referred to the School Nurses. 217 of these cases were found during routine inspections. In addition to this number the School Nurses themselves discovered 4,483 unclean children during the examination of 101,532 cases. Last year the corresponding figures were 5,135 and 108,393.

As in previous years, a high standard of cleanliness is required and the above figures include cases with only a few nits together with dirty and verminous children. Any case of a serious nature is excluded from school and re-examined before being allowed to return. In the majority of cases this work is carried out by the School Nurses but where a persistent offender is encountered the help of a Medical Officer is enlisted. The usual course is to exclude the child for a stated period, at the end of which the case is re-examined. This usually has the desired effect but in very obstinate cases a visit from an officer of the N.S.P.C.C. is arranged.

These officers have visited several families during the year and their help and co-operation is greatly appreciated by my staff.

Nit combs are loaned to parents who may also purchase them from the department if they wish. It is agreeably surprising how many parents make a real effort to keep their children clean, but

their good work is often nullified by the habitually dirty families who improve under pressure but relapse immediately they are given any latitude.

These families are usually proceeded against but the uncertainty of obtaining convictions makes one hesitate before recommending prosecution.

Only fourteen cases were excluded during the year.

(b) *Minor Ailments.*

Any children suffering from minor ailments are referred to the School Clinics or their own doctors. The majority of these cases are examined as specials having been sent to the Clinics by Teachers, Nurses or School Attendance Officers.

In the rural areas of the County not served by clinics, the cases are treated by their own doctor or the district nurse.

(c) *Tonsils and Adenoids.*

The Medical Officers referred 844 cases requiring treatment for some condition of the nose and throat. Of this total 452 children had enlarged Tonsils only, 93 Adenoids only, 277 enlarged Tonsils and Adenoids and 22 with some other abnormal condition requiring treatment. In addition, 572 children were reported as having a defect of nose and throat and requiring to be kept under observation.

During the routine examinations, 1,109 children or 10.3% of the total number inspected were reported as having a defect of the nose and throat. Operative treatment was recommended in 568 or 5.3% of these cases. Last year's figures were 726 and 5.7% respectively.

The cases referred from special inspections were 276 children for treatment and 31 for observation.

(d) *Tuberculosis.*

One case of Pulmonary Tuberculosis was discovered at routine inspections but no cases were detected at special inspections.

Several suspected cases were encountered and these were immediately referred to the Tuberculosis Medical Officers for

diagnosis and treatment. The number of these cases was 3 and a similar number was referred for observation.

In addition the Medical Officers found 1 case of Tubercular glands, 4 of Tubercular Bones and Joints and 1 case under the category of other forms. All these cases were referred for treatment.

e) Vision.

The number of children referred to the School Oculist for refraction for Defective Vision was 852. In addition 98 cases were found to have refractive errors requiring to be kept under observation.

In addition to these figures, 184 cases of Squint were found to require treatment and 25 children had a slight squint requiring to be kept under observation.

(f) External Eye Disease.

The Medical Officers referred 194 cases of external eye disease to the Oculist. Of these, 78 were from routine and 116 from special inspections.

Included in this total were 128 cases of Blepharitis, 41 of Conjunctivitis, 5 of Corneal Opacities and 20 cases with some other abnormal condition requiring treatment. Only 10 cases of external eye disease were reported as requiring to be kept under observation.

(g) Ear Disease and Hearing.

Under this heading 181 cases were referred for treatment, Defective hearing 29, Otitis media 116 and other diseases of the ear 36.

The number of cases for observation was 20.

(h) Dental Defects.

During the course of routine inspections, only 10 cases were discovered who were in need of urgent Dental treatment and these cases were immediately referred to the Dental Staff. The number of children examined and found to have more than three carious teeth was 1,751.

(i) Crippling Defects.

The Medical Officers reported 80 cases of crippling defect ; 59 of these children were for treatment and 21 for observation. Of the cases for treatment, 4 were Rickets, 11 Spinal Curvature, and 44 other forms of crippling defect.

(j) Delicate Children.

The number of children whose names appeared on the register of delicate children at the end of the year was 166. The children include those who are classed as pre-tubercular and a large proportion would benefit from a period of attendance at an open air school. The majority are in attendance at the elementary schools although in many cases they are hardly in a fit condition to obtain full benefit from the educational facilities provided.

(k) Nutrition.

The state of nutrition of every child examined at routine medical inspections is recorded on the medical record card. The children are classified according to the instructions of the Board of Education into four groups—(A) excellent, (B) normal, (C) slightly sub-normal and (D) bad.

Reference to Table II. C. in the appendix of this report will show that of the 11,160 children inspected in the various age groups, 14.3 per cent. were recorded as having excellent nutrition, 73.3 per cent. normal nutrition, 11.9 per cent. slightly sub-normal nutrition and only 0.51 per cent. were bad. These figures would appear to indicate that the nutrition of the children in attendance at the elementary schools in the County is satisfactory.

Arrangements are now in force for the supply of an extra third of a pint of milk free, in necessitous cases, where the children have been placed in category D.

VI.—INFECTIOUS DISEASE.

During 1936 Measles was much less prevalent than in the two preceding years, though there was an increase in the number of cases of Whooping Cough, Chicken Pox and Diphtheria. For the first time for some years there was an outbreak during the Autumn of Epidemic Catarrhal Jaundice at Newbold Verdon, Desford and Syston and a few scattered cases elsewhere.

It was found necessary to close eleven schools for the causes set out in the following table :—

	No. of Schools.	Average Period in “School” Days.	No. of Children Affected.
Whooping Cough.....	3	14.6	69
Scarlet Fever.....	3	8	48
Diphtheria.....	2	15.5	182
Mumps	1	8	17
Influenza	1	5	23
Chicken Pox.....	1	7	13
	—		—
	11		352
	—		—

Certificates of low attendance due to the prevalence of infectious diseases are issued and the following is a summary for the year :—

	No. of Schools.	Average period in “School” Days.	No. of Children Affected.
Whooping Cough.....	13	12.4	499
Colds and Coughs.....	12	7	257
Measles	6	8.6	305
Chicken Pox.....	4	10.2	227
Influenza	4	13.7	89
Mumps	3	6.6	93
Diphtheria.....	1	5	53
Scarlet Fever.....	1	5	18
Chicken Pox and Influenza....	1	5	18
Chicken Pox & Scarlet Fever	1	10	46
Whooping Cough and Measles	1	5	13
Whooping Cough and Mumps	1	15	200
German Measles	1	25	33
Measles and Scarlet Fever....	1	5	16
Contacts of Jaundice excluded	1	15	64
	—		—
	51		1,931
	—		—

The gradual spread of Diphtheria over the western half of the County during the year has given cause for concern, but efforts were made to check this spread as much as possible.

Special visits to a number of schools were made of which a summary is given in the accompanying table :—

Date of Visit.	School.		No. of Children exam'd	No. of Swabs Taken.	Number Positive
24th June	Gilmorton C.E.	....	46	25	1
22nd July	Groby Council	....	127	10	2
16th Sept.	Markfield Council	....	124	43	2
29th Sept.	South Charnwood				
	Modern	....	286	17	1
9th Oct.	Great Glen C.E.	....	65	4	1
12th Oct.	South Charnwood				
	Modern	....	18	18	0
13th Oct.	Oadby Council Senior		25	4	0
20th Oct.	Gaulby C.E.	....	18	9	2
4th Nov.	Broom Leys Central	....	38	38	1
9th Nov.	Great Glen C.E.	....	77	36	3
10th Nov.	Great Glen C.E.	....	77	58	4
27th Nov.	Markfield Council	....	130	57	3
15th Dec.	Donisthorpe Council	....	57	4	0
15th Dec.	Moirs Council	....	81	5	1
15th Dec.	Thringstone C.E. Junr.		65	1	0
TOTAL	15 Schools	....	1,196	330	21

In most cases all the children present at each school visited were examined and swabs of the throat and nose were taken in suspicious cases. Some of these children were found to be typical clinical cases at the time of the examination and were sent home immediately. Those found to be "carriers" were excluded from school until free from infection, and no child was considered fit to return until three negative swabs were obtained. The District Medical Officer was present at some of the inspections but if unable to be present, was notified subsequently as to the result of the examinations. This close co-operation ensured that those children excluded were followed up at their homes and the necessary steps taken.

The effort to control this outbreak of Diphtheria was rendered all the more difficult because of the fact that children are brought from surrounding districts to the Modern Schools, thus facilitating the spread of the disease. That this should happen was prophesied

in past reports, and although the regulations with regard to infectious diseases in Modern Schools proved useful, in that every precaution was promptly taken to prevent the spread of Diphtheria, the problem of the Modern School still remains acute.

In each village where cases of Diphtheria occurred the senior children, who attend the Modern Schools, were excluded immediately but in several instances the damage was already done and one or two children at the Modern School concerned developed the disease.

In Markfield there are many children with enlarged and diseased tonsils and adenoids and although treatment has been recommended in the usual way by the Assistant School Medical Officers in these cases, the response has been negligible—much lower than any other district in the County. This fact undoubtedly explains why so many of the children in the village develop Diphtheria or become potential carriers.

There is only one effective weapon with which to combat the relatively high incidence and death rate of Diphtheria, and that is immunisation. For immunisation, however, to prove efficacious it should be carried out on a large scale and there should be a wholehearted and widespread co-operation on the part of the public.

During November and December of last year, a number of cases of jaundice occurred at Newbold Verdon, Desford, Cadeby, Orton-on-the-Hill and Syston. The first intimation that an epidemic was prevalent was received from the head teacher of Newbold Verdon school. As there are several types of Epidemic Jaundice, one of which is severe and sometimes proves fatal, it was thought advisable to investigate this outbreak without delay.

After consultation with the Local Medical Officer of Health, the schools were visited, the head teacher interviewed and all contacts excluded. The senior children from the affected villages were also excluded from attendance at the Central Schools.

The disease being of low infectivity, it was not considered necessary to close any of the schools, and the children not already affected could, therefore, be kept under close observation.

It was then decided to visit the homes of the school children affected in order to ascertain whether or not the disease was of

the severe type. Particulars with regard to the water and milk supplies were obtained together with information as to the date of onset of the disease, age of patient and probable source of infection.

On investigating the water and milk supplies it was found that there was no question of the disease being spread through these sources. Further enquiries were made when it was ascertained that a number of cases had occurred in young adults working in factories not situated in these villages. It was apparent, therefore, that the infection was not of local origin, but was imported by these workers from some outside source and spread from one child to another by direct contact.

The actual cases were classified according to the severity of the disease, and specimens of blood, fæces and urine were obtained from sixteen cases. These were submitted for bacteriological examination and the reports received confirmed the fact that the outbreak was one of Epidemic Catarrhal Jaundice and not Spirochætal Jaundice which, as previously mentioned, is more severe.

Blood films were also obtained from each of the forty cases investigated and examined microscopically. This unfortunately did not prove anything beyond the fact that the disease was probably of an infective nature.

In an epidemic such as this it is very difficult to foresee the extent to which the disease may spread. It was for this reason, therefore, that all senior children and contacts were excluded from school and it is confidently felt that these precautions had the desired effect.

The following is a summary of the actual cases among the school population :—

Newbold Verdon	....	....	....	....	26
Syston ....	....	....	....	....	7
Desford	....	....	....	....	4
Cadeby	....	....	....	....	2
Orton-on-the-Hill	....	....	....	....	1

Previous investigations of this nature have proved that the incidence is equally divided between the sexes and this is again proved in this enquiry. The number of male and female cases were 19 and 21 respectively. Twenty-nine cases were between

the ages of 6 and 10 years, five were under 6 years of age and the remaining six between 10 and 15 years of age.

The clinical features, typical of Epidemic Catarrhal Jaundice, were remarkably constant, although there was some variation in the severity.

The chief symptoms were Lassitude, loss of appetite, vomiting, pain in the abdomen, jaundice, pale fæces and dark urine.

Treatment was carried out by the patients own doctors whose co-operation throughout the investigation was very much appreciated.

VII.—FOLLOWING UP.

The number of visits made by School Nurses during the year for the purposes of following up was :—

First visits.....	2,321
Second visits.....	290
Third visits.....	13
Special visits.....	580

When a child is found at routine or special inspection to be suffering from a defect which requires treatment, the parent is advised either to consult his own doctor or to permit his child to be treated at one of the clinics or hospitals provided by the Local Authority. In certain cases it is necessary for the nurse to visit the home either to ascertain whether the child has been treated or to report upon progress. Many of the visits recorded are of this nature.

Cleanliness inspections are also carried out at regular intervals in all schools and when children are found unclean, visits are paid to the homes by the Nurses and assistance afforded to the parents in securing an improvement. These following up visits are of great value as in many cases it is only by personal explanation and instruction and further visiting that cleanliness can be secured and maintained.

Visits are also made to the homes of children excluded from school suffering from infectious or contagious diseases and visits are made for various purposes in connection with special cases

where reports have been received of the need for treatment or to investigate and report upon home conditions.

Much of the success obtainable from medical inspection and treatment depends upon the system of following up of cases in their own homes. In many instances urgent treatment will be delayed or an apathetic attitude assumed by the parents and the stimulus of a visit or visits by the School Nurse is very necessary if the children concerned are not to suffer.

VIII.—MEDICAL TREATMENT.

(a) *Minor Ailments.*

Clinics for the treatment of minor ailments are situated at Hinckley, Coalville and Melton Mowbray. A clinic session is also held every Saturday morning at the Central Office in Leicester for the examination of urgent cases referred by School Nurses, School Attendance Officers and Head Teachers. Owing to the poor facilities, no treatment is undertaken at present at this clinic, but it is hoped that, in the near future, more adequate accommodation will be available.

The number of defects treated at the Clinics is shown in Table IV. of the appendix to the report. There is very little variation in the number of defects treated as compared with last year.

The number of attendances at the Clinics is as follows :—

	Children.	Attendances.
Hinckley School Clinic.....	443	786
Coalville School Clinic.....	302	1,207
Melton Mowbray School Clinic	472	1,588
Central Office.....	145	158
	—	—
	1,362	3,739
	—	—

The Clinics at Coalville and Melton Mowbray are held twice weekly, the School Nurse being in charge of the second session. The Clinics at Hinckley and the Central Office are held on one morning each week, Tuesday and Saturday respectively.

Certain administrative changes were made during the year which resulted in the Minor Ailments Clinics being placed under

the control of one Medical Officer, who is also in charge of the work of the Infant Welfare Centre and the Ante-Natal Clinic of the same district.

This arrangement has proved advantageous in that parents wishing to have advice for their children, whether infants, pre-school or school children, meet the same Medical Officer to whom they can make reports on progress or refer other cases for advice.

It also tends to unify the educational value of the advice given and so brings the Clinics nearer to the ideal of becoming real Health Centres in the districts they serve.

Plans have been drafted for the construction of a new Clinic at South Wigston. The population of this area has grown rapidly in the last few years and there is a definite need for a building which will be suitable for use as a Minor Ailments Clinic, Dental and Infant Welfare Centre. It is hoped that it may be possible to build a Clinic on the site of a projected new school for the district.

(b) Tonsils and Adenoids.

During the year the Medical Officers have referred 844 cases for operative treatment, Tonsils only 452, Adenoids only 93, Tonsils and Adenoids 277 and other conditions of the nose and throat 22.

Last year the number of cases referred for treatment was 1,091; there has thus been a decrease in the number of cases requiring operations.

The total number of children who received operative treatment during the year was 376 and with the exception of 51 arranged privately, all the operations were carried out under the Authority's Scheme.

The operations undertaken through the Authority's Scheme were performed at the Leicester City Clinic, the Loughborough General Hospital and the various Cottage Hospitals as follows :—

Leicester City Clinic.....	264
Melton Mowbray Hospital.....	26
Loughborough General Hospital.....	11
Ashby Cottage Hospital.....	12
Market Harborough District Hospital.....	9
Hinckley Cottage Hospital.....	3

These 325 cases cost approximately £426, but of this amount £207 was contributed by the parents leaving a nett amount of £219 chargeable to the Committee. The scale of charges still continues to work satisfactorily.

No child is submitted to operation if there is a possibility of the condition being relieved by conservative treatment. Every child before being certified to require operation is examined by an Assistant School Medical Officer and is then referred to the operating surgeon for a preliminary examination and final opinion as to whether he confirms the diagnosis and recommends operation. These precautions are sufficient to ensure that excessive operative interference can be discounted.

(c) *Tuberculosis.*

Treatment for children suffering from Pulmonary Tuberculosis is undertaken at the County Sanatorium, Markfield. The children's ward has twenty-two beds and facilities are available for carrying on the education whilst in the institution a teacher being included on the staff. During the year 30 children were admitted to Markfield Sanatorium.

Cases of surgical tuberculosis are admitted to the orthopædic Hospitals at Coleshill, Harlow Wood and Leicester and 16 children were admitted during 1936 to these institutions. In addition 12 children suffering from Gland Tuberculosis and Abdominal Tuberculosis were admitted to Markfield Sanatorium. Out-patient treatment is available at the orthopædic clinics at Coalville, Hinckley, Loughborough and Leicester and at Leicester Royal Infirmary.

(d) *Skin Diseases.*

Children suffering from diseases of the skin are treated at the various School Clinics or if no Clinic is situated within easy reach of their homes they are referred to private doctors.

The most common skin ailment encountered is Impetigo and 142 such cases received treatment during the year at the School Clinics. In addition 101 children were treated privately for the same complaint.

The number of cases of Scabies treated at the Clinics was ten this year as compared with thirteen last year.

Local treatment of ringworm of the scalp and body is undertaken at the various School Clinics by the Assistant School Medical Officers and 21 children attended for treatment during the year. In addition, 17 children were treated privately for this condition. In many cases the period of treatment necessary for ringworm of the scalp is prolonged and absence from school may be protracted.

In a small proportion of cases it is possible to persuade the parents to submit the child to X-ray treatment. Unfortunately, this necessitates a journey to Leicester and reluctant parents make use of this fact to excuse their unwillingness to make use of the facilities offered. X-ray treatment for ringworm is available to County children through an arrangement with the Leicester City Education Authority for the use of their apparatus at the Leicester City Clinic. Only one child from the County was treated by X-ray during the year.

Examination of specimens of hair as an aid to diagnosis and as an indication of cure are carried out at the County Laboratory. During the year, 38 specimens of hair were submitted for examination of which 20 were positive.

The number of cases of other forms of skin disease which received treatment at the School Clinics during the year was 82.

(e) Ear Diseases and Defects.

Children residing in the County, who suffer from diseases and defects of the ear, are treated at the Leicester City Clinic by arrangement with the City Education Authority.

During the year, 39 children were referred to this Clinic, of these 6 did not attend or refused treatment. The children treated made 96 attendances, 6 were recommended for operation for removal of tonsils and adenoids and 21 were discharged as cured. The remainder are still in attendance or discontinued treatment before being discharged as cured.

IX.—DENTAL TREATMENT.

During the year the number of children inspected at routine visits to schools was 26,938. This is an increase of 1,500 on last year's figures and is due to the fact that children have been inspected in schools not previously visited by the dental staff.

At the commencement of the year, the dental department underwent a slight re-organisation by which each Dental Officer was allocated a prescribed number of schools and children in five separate districts. It was hoped that this would be the means of extending the facilities for dental treatment to children in schools not yet included in the scheme, but although some extra children were inspected and treated, it was impossible with the present staff to provide for every child in the County.

The Committee are fully alive to the fact that the present dental staff cannot possibly inspect and treat every child and have, therefore, recommended that an additional Assistant School Dental Surgeon be appointed as early as possible in 1937.

In several of the schools visited for the first time this year the percentage of refusals was very high, in spite of the most determined efforts on the part of the teaching staff. It is a curious fact that the refusals should be as high in these schools when it is realised that the parents of the children have been so insistent in their demands for dental treatment.

Several schools which have always received a yearly visit from the dental staff, had, of necessity to be omitted during the present year. Visits to these schools will be arranged early in the new year and it is quite possible that the amount of work will have increased and consequently more time will be required.

With the appointment of another Dental Officer, I hope in time to be able to reduce the period between each inspection to less than twelve months. This reduction of time between visits would enable the Dental Surgeons to discover caries in its earliest stage and treatment would consequently cause less discomfort to the children. If this were possible I am convinced it would have an actual effect upon the number of refusals, as there is no doubt the fear of pain with the majority of children accounts for their parents' refusal.

The number of children referred for treatment was 15,869, an increase over last year owing to the fact that children not previously inspected have been offered treatment. The number of acceptances was 11,560 and the percentage of refusals was 27, a decrease of 5% on last year's figure. This fall in the refusals figure is partly due to the threat of exclusion from the scheme after treatment

has been offered but not accepted on two consecutive visits and by the large amount of propaganda work undertaken by the Head Teachers.

The amount of conservative work has also increased and 14,388 fillings were undertaken compared with 14,133 last year.

When it is realised that 2,000 extra children were treated this year than last year this slight increase in the number of fillings speaks highly for the lasting qualities of the work done for the children in the previous years.

The average number of fillings required per child treated was 1.2, a decrease on last year when the figure was 1.5.

Extractions of permanent and temporary teeth have increased, but this is to be expected with the inclusion of so many children who had not previously had the benefit of the school dental scheme.

General anæsthetics were administered in 47 cases where local injections were contra-indicated. These cases are usually dealt with at the clinics or in schools where a clinic room is provided and arrangements are made for the services of a Medical Officer to be available.

The Saturday morning clinics held at Leicester, Hinckley, Coalville and Melton have been continued, but the number of children attending has again decreased. The actual number of children treated at the clinics was 870.

In view of the fact that so few children are now attending the clinics the question of having fortnightly instead of weekly clinics might be considered together with the advisability of employing the dental surgeons on other duties on these days.

The system of parent's contributions has been continued during the year, the parents being required to pay 6d. per child for each year's treatment. This only applies to families whose income is over and above the Committee's scale—the remainder receiving dental treatment free of charge. The amount collected during the year was approximately £80.

In conclusion, I must again express my thanks to the whole of the Dental Staff for their painstaking work during the year and also to the Medical Officers, Nursing Staff and teachers for their continued support.

This appreciation of the help from these members of the various staffs is none the less sincere because it has appeared in my previous reports.

PERCY ASHTON,
School Dental Surgeon.

X.—TREATMENT OF DEFECTIVE VISION.

The work under this heading has been continued during the year but it will be noted that the number of children refracted is slightly less than last year owing to the fact that the School Oculist was absent from duty for three months early in the year on account of illness.

All cases requiring refraction are immediately referred to the School Oculist and arrangements are made for the children to be examined either on the School premises or in the various Health Centres throughout the County. Any urgent or special cases are refracted on Saturday mornings at the Office clinic.

Time is also allowed for the re-examination of cases refracted by the School Oculist two or more years ago and arrangements have also been made for the yearly re-examination of all cases of myopia.

Previous to this year, all refractions on school children were carried out under atropine dilation. In April 1936, the routine mydriatic was changed to homatropine and cocaine and previous to the visit of the School Oculist, a printed form was sent to the parents of every child requesting written consent to the examination. In 79 of the 1,663 cases recommended for refraction, this consent was refused, and in addition, 18 children were absent at the time of inspection.

During the routine and special examinations carried out by the Assistant School Medical Officers, 1,230 children were referred for treatment—840 from routine and 390 from special inspections.

Quite a number of these children were already wearing glasses previously prescribed by the School Oculist, but were found on examination to require a change of lenses and consequently further refraction.

These 1,230 cases included the following :—

Blepharitis 128, Conjunctivitis 41, Corneal Opacities 5, Defective Vision 852, Squint 184 and other conditions 20.

Arrangements were made for 1,663 children to be examined by the Oculist but of this number 79 refused treatment and 18 were absent.

The number of completed examinations was, therefore, 1,566 and is summarised as follows :—

Glasses not necessary	....	....	....	142	} 174
Present glasses satisfactory	....	....	....	32	
Refractive errors only and requiring glasses	1,245	} 1,392			
Other diseases of the eye and refractive errors requiring correction	....					....	147

The total number of children requiring correction by glasses was, therefore, 1,392 and these cases are summarised as follows :—

915 (65.73%)	cases of Hypermetropia
351 (25.21%)	cases of Myopia
101 (7.26%)	cases of Mixed Astigmatism
25 (1.79%)	cases of Myopia and Hypermetropia

A record has also been kept of any child showing signs of Strabismus as follows :—

Internal concomitant Strabismus.....	220
External ,, ,, ...	18
Internal alternating ,, ...	85
External ,, ,, ...	21
	344

A summary of the cases refracted during each of the last five years is as follows :—

	Hypermetropia	Myopia	Mixed Astigmatism	Myopia and Hypermetropia	Squint
1932	70.4%	21.4%	6.13%	1.52%	17.0%
1933	67.37%	20.84%	9.43%	2.34%	9.9%
1934	67.53%	21.82%	8.69%	2.58%	12.14%
1935	66.42%	22.35%	8.86%	2.31%	9.25%
1936	65.73%	25.21%	7.26%	1.79%	24.71%

The percentage of cases suffering from Myopia appears to have increased considerably, but I would like to point out that owing to the yearly examination of this type of case, it is quite possible that one child may be included in this percentage every year throughout its school life. As I have pointed out in my previous reports, it is most essential that these cases should be reviewed every year and for this reason, extra time is allowed at each inspection for the examination of these children.

The following diseases were diagnosed during the examination of children with defective vision and they are arranged under their anatomical headings :—

Eyelids.

Styes 28, Blepharitis 51, Meibomian Cyst 2, Ptosis 6.

Conjunctiva.

Catarrhal Conjunctivitis 14, Conjunctival Cyst 1.

Lachrymal Apparatus.

Chronic Dacryocystitis 1.

Cornea.

Corneal Ulcer 2, Superficial Keratitis 1, Corneal Nebulæ 19, Leucoma Adherens 1.

Uveal Tract.

Anterior Synechia 1, Coloboma Iris and Chorioid 3, Buphthalmos 1.

Lens.

Posterior Polar Cataract 1, Zonular Cataracts 4.

Optic Nerve.

Primary Optic Atrophy 2.

Muscular Apparatus.

Congenital Nystagmus 9.

Provision of Spectacles.

Spectacles are still obtained by parents through the department and under the same conditions as previously mentioned in my Annual Reports.

The total number of glasses obtained by the parents or supplied free by the Committee was 1,196. This figure is very satisfactory when compared with the number of children for whom glasses were prescribed—1,392.

Of the total of 1,196, the Committee provided 151 pairs of glasses free of charge for necessitous cases. In every other case the glasses were obtained through the department but paid for by the parents themselves.

The types of frames obtained were as follows :—Shellite 499, Gold 59, Nickel 359 and new lenses only 279.

As will be noticed, a considerable number of children have again been supplied with new lenses only. Where a child requires frequent changes of lenses, these are fitted to the present frames and it is only in cases where these frames are damaged or have become too small that it is necessary to provide new ones.

Repairs are still carried out by the Committee's Opticians and during the year 134 pairs of glasses were dealt with. The repairs usually consist of new side pieces, bridges or lenses.

In addition to the 1,196 pairs of glasses obtained through the department, 27 parents obtained spectacles privately. These children were all under private treatment and are not included amongst the children examined by the School Oculist.

At the end of the year, there were 196 children for whom glasses had been prescribed but whose parents have so far failed

to provide them. The majority of these cases were only refracted during the last few weeks of the year and it is more than possible that a large number will be obtaining the glasses early in the New Year.

The same procedure with regard to obstinate parents obtains as in previous years. These cases mostly consist of short-sighted children, but I am pleased to be able to report that the number is very small and after a visit from the Officers of the N.S.P.C.C., the parents have provided the necessary glasses. These cases are all dealt with through the N.S.P.C.C. whose co-operation in this direction is much appreciated by my department.

XI.—COUNTY ORTHOPÆDIC SCHEME.

The arrangements in force in the County for the ascertainment, treatment and after-care of children suffering from crippling defects continue to operate successfully in all areas.

There are now in the County, two out-patient orthopædic clinics controlled by the County Council and an arrangement exists for the use of two other clinics, controlled by other agencies, for treatment of County cases. In-patient treatment is provided at orthopædic hospitals in Leicester, at Coleshill and Harlow Wood, and in each case continuity of treatment is made possible by staffing the clinics with the same personnel as carry out the treatment in hospital.

The scheme provides for treatment of crippling defects amongst infants and pre-school children, children of school age, and, of persons who are suffering from surgical tuberculosis. Charges for treatment, in necessitous cases, are based upon an income scale and there is no delay in applying treatment as the scale is a generous one and guarantees for the payment of the patients' share are readily forthcoming.

The provision made to ensure early ascertainment of crippling defects continues to operate as in previous years. Health Visitors and School Nurses are instructed to report every case of deformity or crippling defect however slight in order that investigation may be made by a Medical Officer and appropriate treatment recommended. It is only by such means that it is possible to ensure that early cases will not be missed or allowed to progress to a late stage of deformity before being treated. The nursing staff in the course of their home

visits encounter many infants and pre-school children who suffer from early signs of crippling disease and whose parents would probably not be aware of the need for treatment until more marked signs manifest themselves. It is in these cases that the specific instruction to notify the Central Office of the need for medical investigation acts as a valuable preventive measure and the results obtained more than justify the occasional visit where the condition is not one of immediate urgency.

Orthopædic work at the Health Centre at Hinckley continued to increase during the year. This centre is a new one and as no provision had been made in this area previous to 1935, many cases have been treated in which little or no previous treatment had been given. A considerable proportion of the cases have required in-patient treatment of varying duration but as more early cases are referred, the relative numbers of patients requiring long periods of treatment will decrease.

A definite drawback in the continuity of treatment afforded by the scheme occurs in certain cases of surgical tuberculosis referred either to the Coalville or Hinckley clinics. The parent hospital for both of the clinics is the Coleshill Hospital where the in-patients treated consist only of children. It is necessary, therefore, to make other arrangements for the in-patient treatment of adult patients suffering from non-pulmonary tuberculosis. These cases are usually referred to the City General Hospital, Leicester, and on discharge return for out-patient treatment to the clinic in the area in which they reside. They are thus not under the continuous supervision of the same orthopædic surgeon and nursing staff throughout the whole period of treatment as are the patients suffering from other defects or those suffering from non-pulmonary tuberculosis who attend other clinics. It may be possible in the future to remedy this undesirable feature of the scheme but at present the difficulties which exist do not permit of action being taken.

Ascertainment of the number of Cripples.

The patients attending the clinics in the County are referred from various sources. The majority are referred by Assistant Medical Officers from routine and special inspections in the schools and from Infant Welfare Centres ; the attention of the department is called to others by the Nursing Staff, School Attendance Officers and Voluntary Agencies.

As previously mentioned, special arrangements are in force for the early ascertainment of crippling defects and diseases, and, as a result, the proportion of early cases treated and cured has increased considerably.

After-Care Supervision.

After-care of children discharged from hospital is undertaken at the orthopædic clinics. Every case on discharge from hospital is followed up at the appropriate out-patient clinic and kept under continuous supervision and such further treatment as may become necessary is carried out.

During the past year, steps have been taken to form a Voluntary Association for the Care of Cripples in the County. The Central Council for the Care of Cripples appointed an Organiser for the County of Leicester and meetings of persons interested have been held and a provisional Committee appointed.

The organiser has made surveys of the area with a view to ascertaining the numbers of cripples who could be aided by a Voluntary Association working in co-operation with the Official scheme. He has been able to show that there is considerable scope for organised Voluntary effort and that the establishment of a Voluntary Association for the County would be a valuable complementary asset to the work already being done.

Funds have been made available by the Central Council subject to certain conditions and if, as is probable, an organisation is established, an important step will have been taken to fill the gaps which, perforce, must exist in the official scheme.

Clinics and Hospitals.

The following are the out-patient clinics with the respective parent hospitals included in the orthopædic scheme.

The Coalville Clinic.

This clinic is administered directly by the County Council and is open on two afternoons, Mondays and Wednesdays, per week from 1.30 p.m.

Treatment is in the hands of Mr. Allan, of Coleshill Hospital, who attends at one session per month when all new cases are

examined and the treatment of those already in attendance is reviewed.

The staff consists of a fully trained Orthopædic Sister, an orthopædic nurse and a masseuse from Coleshill Hospital and a school nurse who takes charge of the clerical work, arranges appointments for the patients, and keeps the records.

This clinic with the parent hospital at Coleshill forms a complete clinical unit for the treatment of all patients from the Coalville area.

The Hinckley Clinic.

This clinic is also administered by the County Council and is open for treatment on two half-days per week, Wednesdays and Fridays, from 9.30 a.m.

Mr. Allan, of Coleshill Hospital, attends the Clinic at one session per month when all new patients are examined and the treatment of those already in attendance is reviewed.

The staff consists of an orthopædic sister, orthopædic nurse and a masseuse from Coleshill Hospital and a school nurse attends to the clerical work.

The parent hospital in connection with this clinic again is the Coleshill Hospital.

Leicester City Clinic.

An arrangement exists between the County Council and the Leicester City Council for the treatment of County cases at the City Orthopædic Clinic, Richmond House, Leicester. The cases referred to this clinic are those living in county areas adjacent to Leicester.

All forms of out-patient treatment are available, the surgeon being Mr. Morris, Orthopædic Surgeon to the Leicester City Authority. The parent hospital in connection with this clinic is the City General Hospital, Leicester, where Mr. Morris is in charge of the orthopædic wards.

Loughborough Cripples' Guild.

The Loughborough Clinic is controlled by the Voluntary Association, the Loughborough Cripples' Guild, and payment is made to the association by the Leicestershire County Council and the

Loughborough Borough Council according to the number and nature of the treatments received by patients from their areas.

The Staff consists of Mr. Malkin, Orthopædic Surgeon to the Harlow Wood Hospital, Nottinghamshire, who visits the Clinic once a month ; the orthopædic sister who attends once a week from Nottingham, one masseuse who is employed whole time and four Voluntary workers.

The clinic is open all the week for massage and other forms of treatment.

The Loughborough Cripples' Guild is associated with the Nottingham Cripples' Guild and forms a complete clinical unit with the parent hospital at Harlow Wood.

Work of the Orthopaedic Clinics.

(a) Coalville Clinic.

During the year 97 sessions were held and 2,239 attendances were made by children suffering from some form of crippling defect. Last year the corresponding figures were 95 and 2,629.

The types of treatment given were Muscle re-education 504 ; massage 658 ; Electrical treatment 976 ; Radiant Heat 92 ; Sunlight treatment 279 ; Application and supervision of Splints 55 ; Plaster treatment 55 ; Dressings 59 ; and in addition 358 General Supervision and after-care examinations were made.

The number of children who attended was 157 and the average attendance per session was 23.

(b) The Hinckley Clinic.

At this clinic 97 sessions were held and 1,916 attendances were made by children with crippling defects.

The types of treatment given were Muscle re-education exercises 856 ; Massage 473 ; Electrical treatment 564 ; Radiant Heat 3 ; Sunlight treatment 83 ; Application and supervision of Splints 38 ; Plaster treatment 99 ; Dressings 20 ; and 322 general after-care examinations were made.

The number of children who attended was 115 and the average attendance per session was 20.

(c) *Loughborough Cripples' Guild.*

The following treatments were given at this clinic to County cases : Massage 8 ; Electrical treatment 3 ; Exercises and re-education 40 ; Plaster and Splints 10 ; Dressings 18 ; and 14 general supervision and after-care examinations were made. A total of 82 attendances were made at this clinic by County cases during the year.

The number of individual children who attended was 11.

(d) *Leicester City Clinic.*

During the year 16 new cases were referred from the County to this clinic. Of these 13 were recommended for treatment. The number of attendances made for out-patient treatment was 173.

(c) *In-Patient Treatment.*

The following is a summary of the cases who received in-patient treatment during the year.

Hospital.		Boys.	Girls.
Coleshill Hospital....	....	23	16
Harlow Wood Hospital ....	....	—	1
City General Hospital, Leicester		9	4

Of the total of 53 cases admitted during the year 13 still remained in hospital on 31st December, 1936.

XII.—OPEN-AIR EDUCATION.

There is as yet no provision in the County for the education of delicate children in open-air schools. In the recently constructed modern schools, classrooms are built upon open-air lines and the general body of children in attendance at schools in the County work in an environment which, in comparison with thirty years ago, is of a definite open-air type.

This very desirable change is of benefit to the general health of the average child but is insufficient to meet the needs of the delicate child. In order to ensure rapid convalescence from severe illness, to improve the condition of the anæmic and debilitated child and to prevent further retrogression of the pre-tubercular child, it is necessary to provide an environment which is designed to ensure the maximum of fresh air and sunlight, complete with a regime which aims primarily at improvement in health, whilst continuing education.

Children in attendance at open-air schools are kept under constant surveillance by Medical Officers, they are weighed and measured at regular intervals and continuous attention is afforded to the improvement of their physical condition. As a result it has been found that a period of attendance at an open-air school has a definite restorative effect upon the health of most of the children in attendance and they can be returned to an ordinary school in a fit condition to benefit from the educational facilities there provided and capable of competing with their colleagues without an undue strain being placed upon their health.

XIII.—CO-OPERATION OF PARENTS.

Previous to each routine medical inspection in the schools, invitations are issued to the parents of the children to be medically examined to be present at the time of examination. The presence of the parent is of value to the Medical Officer particularly in the case of entrants, when it may be difficult to obtain a history of previous illnesses. A considerable number of parents avail themselves of the invitation to be present and they are given every encouragement to attend.

The goodwill of the parent plays an important part in the effective accomplishment of medical inspection and treatment. In the latter case the Medical Officer is entirely dependent upon the willingness of parents to avail themselves of the facilities provided and if the best results are to follow it is judicious to spend some little time in securing the complete co-operation of the parent either through explanation or example.

The majority of parents are quite willing to permit their children to be medically inspected and treated but not infrequently objections will be raised by a parent to some particular form of treatment and only tactful and patient explanation and persuasion will have the desired effect. It is better to spend a comparatively long proportion of time with a reluctant parent and secure a convert than to concentrate on those who are already persuaded, as the convert will frequently be a strong-minded individual who will be a staunch upholder of the service if the results of treatment have justified the decision made.

The School Clinics continue to be well patronised by the parents of the districts in which they are situated and the treatment schemes of the Local Authority would appear to have gained the approval

and confidence of the public, who by their constant use of the facilities provided, prove that they are serving a useful purpose and meeting a definite need.

XIV.—CO-OPERATION OF TEACHERS.

Without the co-operation of the teachers, the work of the School Medical Service would be rendered difficult if not entirely impossible. In every school the teachers play an important part in the work of medical inspection, both in the preliminary measures necessary and at the actual time of the medical examinations. Prior to the inspection, lists of children's names require to be accurately checked by the Head Teacher, names of entrants and of in-and-out transfers must be notified and the names of children to be examined specially must be recorded. At the actual inspection arrangements are made for the prompt presentation of the children to be examined, entries are made concerning certain particulars upon the medical inspection schedule and frequently assistance is afforded to the doctor in the preparation of the children for examination.

Added to this increased burden of work is the fact that a certain amount of dislocation of the work of the school is inevitable as a result of medical inspection and yet it is exceptional to find that complete co-operation is not afforded to the Medical Staff in carrying out their work.

The majority of teachers take a keen interest in the health of the children in their care and make the fullest use possible of the medical services, and I would like again to place on record my appreciation of their valuable help in the successful operation of a service of considerable complexity.

XV.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The various services connected with the supervision of the health of the school child are intimately connected with the work of the School Attendance Department and its Officers. Mutual assistance in caring for the well-being of the child of school age whether in school or out of school is necessary, and as fresh duties devolve upon the School Attendance Officers, further co-operation with the Medical Department is essential.

School Attendance Officers report to the School Medical Officers cases requiring medical attention which they encounter in the

course of their duties and medical certificates are issued by the school doctor when required for school attendance purposes.

The placing of children in special schools or institutions is undertaken by the School Attendance Department in co-operation with the Medical Officers and escorts are provided when necessary from the staff of School Nurses.

XVI.—CO-OPERATION OF VOLUNTARY BODIES.

Certain limitations are placed by statute upon the work of the Local Authority in medical treatment and use is made wherever possible, of voluntary agencies to supplement the official schemes. In some areas of the County, where voluntary associations are in existence, a considerable amount of assistance is obtained but in other districts no voluntary help is available.

During the year steps have been taken to establish a Voluntary Association for the Care of Cripples in the County. The Central Council for the Care of Cripples were able through the Lord Nuffield fund to place an organiser in the County to carry out surveys and to try to arouse public interest in the establishment of a voluntary association. The organiser has been able to show that there is a definite opening for voluntary effort in connection with the welfare of cripples and that the establishment of a voluntary association would be of value. Meetings of interested parties have been held and a public meeting has been fixed to be held early in the New Year when it is hoped it may be possible to take definite action to form a voluntary association.

A considerable amount of valuable help has again been received from the N.S.P.C.C. in cases of neglect, and improvement has been secured in every instance without recourse to prosecution.

Other voluntary agencies to which the department is indebted include the Loughborough Cripples' Guild, the Voluntary Association for Mental Welfare and the Leicester Saturday Hospital Society.

I am greatly indebted also to the Staffs of the Leicester Royal Infirmary, the Loughborough General Hospital, the Melton War Memorial Hospital, the Market Harborough and District Hospital and the Cottage Hospitals at Hinckley and Lutterworth for their assistance with cases of crippling defects and their efficient work under the County Scheme for operative treatment of enlarged Tonsils and Adenoids.

XVII.—SUPPLY OF MILK TO ELEMENTARY SCHOOL CHILDREN

The arrangements for the supply of milk to children in attendance at elementary schools in the County have continued as in former years. The milk is supplied in bottles of one third of a pint complete with disc and straw and the cost to the child is one halfpenny per bottle.

The supplies are arranged for by the Agricultural department but the source of supply must be approved by the School Medical Officer before a contract is made.

Samples are collected at regular intervals from the milk actually supplied to the schools and these are submitted to bacteriological examination at the County Laboratory. When a sample is found not to conform to the standard required, the Agricultural Department is notified and the producer is warned that steps must be taken to secure an improvement. If after due warning no improvement takes place, the contract with the defaulting producer is terminated.

During the year, 503 samples of milk were collected and submitted to bacteriological examination at the County Laboratory. An analysis of the results of these examinations shows that :—

270 or 53.7% contained less than 30,000 organisms per c.c.

155 or 30.8% contained between 30,000 and 200,000 organisms per c.c.

78 or 15.5% contained more than 200,000 organisms per c.c.

and that :—

396 or 78.7% contained no B.Coli in 1/10th c.c.

41 or 8.2% contained B.Coli in 1/10th c.c. but not in 1/100th c.c.

54 or 10.7% contained B.Coli in 1/100th c.c. but not in 1/1000th c.c.

12 or 2.4% contained B.Coli in 1/1000th c.c.

Where it is available accredited milk is supplied to the schools and 71 per cent. of the milk supplied was of this standard. On bacteria count alone this percentage was as high as 82. The amount of pasteurised milk consumed has again increased during the year.

The following returns show the amount of milk supplied to the schools during the past six years.

	Dec. 1931	Dec. 1932	Dec. 1933	Dec. 1934	Dec. 1935	Dec. 1936
No. of schools receiving milk	163	174	179	201	201 [*] 8 [†]	202 [*] 9 [†]
No. of children receiving milk....	7,943	6,870	6,600	18,503	13,365 [*] 693 [†]	12,981 [*] 691 [†]
No. of bottles supplied weekly	39,718	34,310	33,250	90,261	65,944 [*] 3,032 [†]	64,905 [*] 3,022 [†]
No. of gallons of milk weekly	1,655	1,430	1,385	3,761	2,747 [*] 126 [†]	2,704 [*] 125.5 [†]

* Elementary. † Secondary.

The amount of milk supplied shows very little variation from last year and as was foreshadowed in last year's report, the supply has now reached a fixed level which can be maintained but any further increase in consumption will have to be stimulated by propaganda and publicity.

The conditions governing the supply of free milk to children in schools of the County were detailed in my report of last year and no alteration in these conditions has been made.

There are at present 605 children having milk free of charge. All of these children have been examined by Medical Officers and certified to be suffering from malnutrition and to require milk.

XVIII.—HEALTH EDUCATION.

In conjunction with the Leicestershire Insurance Committee work in connection with Health Education has continued throughout the year. Teachers have welcomed the provision of health posters for instructional purposes. In the observance of National Health Week at the beginning of October, health talks were given by the teachers throughout the County schools based on the theme of "Health and Cleanliness."

The Insurance Committee supplied free subject material for the use of teachers and also presented a "Beacon" health poster "Safe Way to Health," in arrangement with the Health and Cleanliness Council, to every school.

Infant Welfare exhibitions are held in various districts of the County and senior girls in attendance at certain schools are permitted to attend. The exhibitions are arranged by the Superintendent Health Visitor under the auspices of the Maternity and Child Welfare Committee. Short talks on simple health matters are given by the School Nurses and practical demonstrations are also carried out.

XIX.—PHYSICAL TRAINING.

Report of the Organisers of Physical Education for the Year ending 31st December, 1936.

1.—General.

The year under review will be remembered as the year during which physical education made more real advance than in any previous year. The causes for this new development are not far to seek. In the first place head teachers, inspectors, administrators, Members of Parliament, and the lay public have now realised the contribution which well-directed physical education can make to the life, not only of the individual, but of the nation as a whole. In the second place, public opinion has been aroused by the lack of facilities for recreative training for young people, especially for those who cannot afford admission fees to Evening Institutes and similar institutions.

There is no doubt that healthy, robust, active bodies, under the control of the will, should be the heritage of all citizens. If such is the case, the "corner stone" for such a heritage must be truly laid in the Elementary Schools.

The introduction in 1933 of the present Syllabus marked an advance in the physical education of the Elementary Schools. In 1935 a further advance was made when, by the issue of Circular 1445 by the Board of Education "a definite general policy of health and physical education regarded rightly as inseparable from the whole education of the child" was laid down.

The basis of the physical education at which the Circular aims is the performance of free exercises in the Infant and Junior Schools up to the age of eleven years, and of physical exercises and gymnastics for children and young people above that age.

The schemes of physical education now in use in the County Elementary Schools are based upon the Board's 1933 Syllabus. A Syllabus for Senior Schools has not yet been published by the Board of Education. For the present, therefore, the work for seniors has been based on the more advanced tables from the Junior Syllabus of 1933, with the addition of simple apparatus work suggested by the Organisers.

The manner in which the teachers of the County have brought both the letter and spirit of the Syllabus into the school curriculum is deserving of the highest praise. The effect of the classes held for teachers is now apparent in the schools, even in those where adverse conditions still prevail. The most serious disadvantages are the lack of halls or rooms large enough for physical exercises in bad weather, and playgrounds cramped in size or unsuitable in surface.

It is pleasing to report that the scope and conception of physical education have broadened, and what impresses one most is the business-like atmosphere of the Physical Training lesson and the spirit of joyousness and happiness running through the work.

2.—*Senior Boys' Schools.*

Increasing appreciation of the importance of Physical Training brings with it an ever increasing demand upon the teachers. The interest and enthusiasm of the teachers has been maintained, and there is evidence of purposeful effort in the carrying out of the exercises. More concentration by the teacher upon good form and posture will be required as the scheme progresses. Changing into suitable clothing for the lesson has not only considerably improved the tone of the lesson, but in those schools where only "shorts" are worn, teachers have been surprised at the prevalence of hollow back, protruding shoulder blades, and round shoulders, which had hitherto been undisclosed.

In Modern Schools, where facilities for changing exist, the pupils should be encouraged to discard clothing. In those Senior Schools where it is impossible at the moment to change into gymnastic clothing, it is desirable that children should resume their extra

day-time clothing when they return to the classroom, rather than enter over-heated from the playground in coats, etc., and take off clothing when perspiration is most active.

There are still schools, however, where the scheme of work in Physical Training has not been brought up-to-date. The modern lesson demands something more than a series of mechanical exercises. However conscientiously exercises are taken, it is by interpretation and presentation that their full value is obtained. If the teacher is still a "drill thinker," ignorant of modern methods of teaching, diffident, lacking in knowledge and confidence, the children are not likely to gain much. On the other hand if the lesson is well and intelligently prepared, if attention is given to spacing and class organisation, if there is good command, and above all enthusiasm for the work, any teacher, whether physically active or not, can make an effective teacher of Physical Training. Youth is an asset, but it is not an essential. Experience and enthusiasm based on knowledge and conviction are of much greater value.

3.—*Senior Girls' Schools.*

A Syllabus for Senior Schools, to replace the obsolete Syllabus of 1919, and the Supplement for Older Girls, has not yet been published by the Board of Education. For the present, therefore, the work of girls over 11 years of age is more or less a compromise between the known and the unknown. For the last three years the work in Senior Girls' Schools has been based on the more advanced tables from the Junior Syllabus of 1933, with the addition of apparatus work suggested by the Organisers. This experimental period has proved useful in many ways. In the first place, for example, it has convinced the Organisers that the inclusion of apparatus work for older girls is effective in maintaining their interest, which is inclined to wane as they approach adolescence. In the second place, it has become clear that the subject requires natural aptitude and special training for its successful treatment, and that it should be entrusted only to qualified specialist teachers. The introduction of apparatus work involves an element of danger unless the teacher receives careful guidance in the correct methods of supporting children during the performance of vaults and jumps. Every girl in the class is encouraged to attempt the exercises, and some are found to be more in need of assistance than others; this assistance can only be wisely regulated and adequately given if the teacher has attended a definite course of instruction in apparatus

work. It has been found, too, that, whilst it is not impossible to teach apparatus work without actual demonstration, it is infinitely easier and more effective if the teacher can show the movement as well as describe it verbally.

In order to meet the demand for these specialist teachers the Education Authority have provided a year's course in apparatus work and teachers attending this course have returned to the schools able to shoulder the responsibility of moderately advanced work on apparatus with greater assurance and safety. There has been a marked advance during this last year, both in the standard of the exercises attempted and in the finish and confidence with which they are performed.

4.—*Junior Schools.*

It is in the Junior School that the 1933 Syllabus has called for the greatest effort. In many respects the work now laid down for children of 10 to 11 years of age is in advance of the requirements of any previous Syllabus for children of 14.

The Organisers were, in fact, in some doubt whether the teachers would be able, even after a course of instruction, to deal with the new tables of exercises. It is with great satisfaction that they are able to report that the teachers, encouraged in their efforts by the interest and enthusiasm shown by the children, have worked with keenness and patience, and that, consequently, steady progress is being made in the Junior Schools.

The Organisers have not yet overcome the diffidence of many teachers in dealing with the "group work" suggested at the end of each of the tables in this new Syllabus. This part of the lesson, in which sections of the class work under the guidance of their own leaders, with the supervision by the teacher, is one of the most valuable features of the modern lesson. The advantages of group organisation are obvious. The groups are small and the amount of practice each child can obtain is greatly increased ; the responsibility placed upon each group to proceed on their own accord without disturbing others is excellent training in individual control and public-spirited behaviour ; and friendly rivalry between both individuals and groups improves the standard of performance.

The teachers are given a most interesting variety of exercises from which to make a selection suitable for their particular play-

ground conditions, and it is hoped that they will make much greater efforts to develop this section of the Physical Training lesson.

5.—*Infant Schools.*

The advantages of the new type of Physical Training are most clearly apparent in the Infant Schools. The fundamental agility movements and simple games are grasped with ease and performed with zest by even the youngest pupils. In almost every Infant School, lessons are conducted in the happy and informal manner suited to children in the early years of school life, and the standard of work is uniformly good throughout the County. The Infant School teachers are to be congratulated upon the improvement which has been made in so short a time both in the performance of the children and in their enjoyment of the lessons.

6.—*Rural Schools.*

The type and scope of the training in the rural schools depend to a considerable extent upon the natural aptitude and ability of the teacher to make the best possible use of the facilities at her command. In spite of the handicap of having to teach children of varying ages in the same class and often in small irregular-shaped and rough-surfaced playgrounds—in some cases the lesson has to be taken on the high road—the teachers are to be congratulated on the interest they have fostered in the children, who now look forward with keenness to their Physical Training lessons. Through the generosity of the Committee, these schools have now been equipped with a minimum supply of apparatus for use during the Physical Training lessons. It is now possible to include in the lesson those activities entailing the use of small balls, hoops, skipping ropes, etc. The teacher is now able to divide the class into groups or teams, and activities suitable to the age and abilities of the children can now be taken. The older children, through the duties of group leaders, are given an opportunity of developing initiative and responsibility. In this connection, it should be pointed out that too often it is found that the leader is not being given opportunities of fulfilling the true function of that office. Teachers are urged to pay more attention to the training of leaders in the art of commanding, controlling and correcting movements in others. This part of the lesson, in which sections of the class work under the guidance of their own leaders, with supervision by the teacher, is one of the most valuable features of the modern lesson.

7.—*Apparatus.*

In their recent reports the Organisers have stated that many of the benefits and much of the enjoyment of the new Syllabus will

be lost, if the necessary, though simple, apparatus is not provided. The supply of simple apparatus for use during the Physical Training lesson has been greatly appreciated, not only by pupils but by teachers, to some of whom the task of finding, from local sources, 50 per cent. of the cost of apparatus has been exceedingly difficult.

The Organisers learn with satisfaction that the Committee have included in their estimates for the coming year the sum of £400 for the further supply of apparatus.

8.—*Suitable Clothing.*

One aspect of the training which is engaging the serious attention of the Organisers is that of suitable footwear and clothing for exercises. Work is seriously restricted by unsuitable footwear, particularly in winter when children frequently wear heavy boots or rubber Wellingtons.

It is impossible to carry out effective training when free movement is restricted by everyday clothing and unsuitable footwear, and the teacher is unable to watch the positions and movements of the children. What impresses one in really good modern physical education is the business-like atmosphere of the lessons. This is especially noticeable where the modern type of Physical Training dress is worn. When the girls turn out for exercises in dark knickers, blouses, rubber shoes and no stockings, and the boys strip to shorts, they are ready to exercise well, and, incidentally, with greater safety than ordinary dress and boots allow. In the Modern Schools, and in many of the Senior Schools, changing into suitable clothing has become a general practice. The teachers set a good example, and many of the semi-specialist teachers in the Modern and Senior Schools wear Physical Training outfits.

Changing into suitable dress for physical exercises by the pupils of the rural schools presents a difficult problem. Head Teachers are faced, not only with lack of school funds, but with difficult parents. It is pleasing to note that the work of "educating" parents is being undertaken by the teachers and, though progress must necessarily be slow, there is evidence that in many of the schools the problem is being faced and excellent pioneer work is being done.

The introduction of changing for physical exercises has brought forward the problems of facilities for changing and for storage. Accommodation for changing is almost non-existent except in the

most recent school buildings, but here again the Organisers find that, where the Head and assistant teachers are keen enough, the changing is done either in the classroom or cloakroom, and that little is made of the inconvenience of such an arrangement. It is pleasing to note that the storage problem is being faced, and a definite lead has been given by some schools by the introduction of small storage bags in which each child keeps vest, knickers and shoes at school.

It is hoped that in the near future every child will possess a Physical Training storage bag or locker.

9.—*Swimming.*

Swimming has now become a recognised and well established school activity and would undoubtedly develop even more but for the lack of baths. Through the courtesy of the Leicester Baths Committee, additional facilities were granted last season to the County Schools which made it possible for three additional Schools to participate in the Scheme of Swimming Instruction.

Arrangements for scholars to attend the Baths were made on similar lines to those of previous years. The details of attendances at the various Baths, and of the progress made by the pupils are given in the following tables :—

<i>Swimming Baths.</i>	No. of Classes.		Total No. of Attendances.	
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>
Oadby	7	7	1,804	1,900
Hinckley	12	14	5,690	4,649
Coalville	19	16	5,950	6,104
Loughborough	5	5	1,327	1,261
Leicester	16	14	3,760	2,181
Market Harborough	7	5	2,860	2,574
Ashby-de-la-Zouch	2	0	488	—
Melton Mowbray	12	14	311	409
	—	—	—	—
	80	75	22,190	19,078
	—	—	—	—

Total No. of Classes	....	....	....	155
„ „ Attendances	....	....	....	41,268
„ „ Boys who attended Baths....				2,299
„ „ Girls „ „ „ „ „ „ „ „				2,437

No. of Classes.		No. of Pupils.	Swimmers.	Non-Swimmers.	% of Pupils who learnt to swim.
Boys	80	2,299	1,285	1,014	55%
Girls	75	2,437	1,308	1,129	54%

The following is a summary of attendances for each of the last seven years :—

1930	....	22,524
1931	....	24,243
1932	....	32,027
1933	....	42,318
1934	....	32,385 (part season)
1935	....	41,607
1936	....	41,268

The following awards of the Royal Life Saving Society were gained during the year :—

	Boys.	Girls.
Bronze Medallion	16	—
Intermediate Certificate	17	6
Elementary Certificate	3	5

An experimental “winter” swimming class was commenced at Hinckley Baths in September. The attendance has been excellent and augurs well for the success of the class.

10.—*Evening Institutes.*

Interest in and the demand for Physical Training by the general public throughout the County is evident by the increasing demand for evening classes. The inauguration of the National “Keep Fit” Movement, culminating in the formation of a Central Council of Recreative Physical Training composed of representatives of all

voluntary organisations dealing with young people, has brought with it a demand for Physical Training throughout the country. Leicestershire's contribution to this National effort has been the provision of "Keep Fit" classes in connection with the Evening Institutes which have been established in all parts of the County. In the majority of cases the classes are held in the schools. The scope and type of work taken is dependent upon facilities. In those schools where Central Halls are available, a wider and more advanced scheme of training is possible. In the smaller schools, through lack of adequate facilities, the training is considerably hampered.

Physical Training in the Senior Schools is developing so rapidly that present conditions will not satisfy the requirements of the young people who have acquired some skill in gymnastics and who wish to continue their training. It is unlikely that the Evening School students will remain content with the limitations of a cleared classroom. Of the 33 Evening Classes now established, only 4 have access to an equipped gymnasium: the remaining classes are conducted in central halls, cleared classrooms and village halls.

The attendance at the classes has been well maintained. It is pleasing to report the decision of the Committee to suspend the grouped course regulation for Physical Training classes. In the past it was a condition of entry to a Physical Training class that the pupil must attend an evening class in at least one other subject, and many students interested in Physical Training were prevented thereby from joining the classes.

11.—*Voluntary Associations.*

The ever increasing work undertaken by the teachers during out-of-school hours has included the organisation of inter-house, inter-school and inter-area contests in football, cricket, athletics and swimming. A team of boys and girls, representative of the County, entered for the National Championship Athletic Competition held at Kettering in July.

D. D. COWAN

D. MILLER.

Organisers of Physical Education.

XX.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.*(1) Physically Defective Children.*

A register of all physically defective children in the County is kept at the Central Office in Leicester. The register contains the names of all children suffering from physical defect of such a nature as to interfere with their ordinary activities in school.

In the course of each year the register is kept up-to-date by the addition of fresh names of children discovered by the Medical Officers at routine and special inspections. A certain amount of time is allotted to each Medical Officer in connection with examinations of exceptional children and in many cases visits are paid to the homes of the children either as first visits to new cases or for following up purposes.

The register contains a fairly complete record of all physically defective children in the area and is of value in assessing the needs of districts for treatment centres.

The cases are classified as follows :—

	Males.	Females.	Total.
Blind or Partially Blind	13	9	22
Deaf or Partially Deaf	8	8	16
Anterior Poliomyelitis	38	31	69
Spastic Paraplegia	16	9	25
Congenital Deformities	14	16	30
Torticollis	5	—	5
Rickets	6	1	7
Scoliosis	6	9	15
Osteomyelitis	5	—	5
Muscular Dystrophy	6	—	6
Heart Disease	11	31	42
Talipes	15	6	21
Birth Palsy	7	6	13
Injuries	9	4	13
Miscellaneous	16	6	22
	—	—	—
TOTALS	175	136	311

(2) Tuberculosis.

All notified cases of Tuberculosis amongst children are recorded on a card index filing system at the Central Office in Leicester.

During the course of their routine school work the Assistant School Medical Officers examine contacts of Tuberculosis cases.

The register of Tuberculous children is kept up to date by the addition of new cases notified and from reports furnished by School Nurses as a result of their visits to the homes of the children.

(3) *Mentally Defective Children.*

(a) *Ascertainment.*

The main sources of notification of mentally defective and mentally retarded children are the teachers in the schools of the County and the organisers of special classes. Other cases are referred from School Attendance Officers and from School Nurses.

As with the physically defective children, a certain proportion of the time of the Assistant Medical Officers is allotted to the examination of mentally defective and mentally retarded children and this involves, in certain cases, visits being made to the homes of the children.

Complete particulars of all reports on each mentally defective child are filed in dossier form at the Central Office and additions and deletions are made as required. Re-examinations are carried out as frequently as time will allow but the comparatively lengthy period required for this type of examination does not permit of as frequent re-examination as might be desirable.

(b) *Provision for the Mentally Retarded.*

Arrangements are now in force for the education of mentally retarded children either in special classes in senior schools or individually in primary schools. In the modern and senior schools, sixteen classes have been established with an average of twenty to twenty-five children in each class. The teachers in charge of the special classes have, in most cases, special knowledge of the work of teaching mentally retarded children and have attended courses organised by the Central Association for Mental Welfare.

The children are tested by a medical officer who assesses the I.Q. and an annual standardised test is given by the organiser to ascertain the educational ratio. All relevant particulars including family history are entered upon a special record card which is kept up-to-date and used throughout the school life of the child.

In the junior schools where no special classes are organised the children are tested by the organiser and suitable individual work and methods of instruction are suggested.

(c) *Provision for the Mentally Defective.*

Mentally defective children classified as feeble-minded (ineducable), imbeciles or idiots are notified to the Mental Deficiency Act Committee and dealt with under the Mental Deficiency Acts.

Provision is made for the care of Mental Defectives at Stretton Hall, near Leicester.

(d) *The Work of the Voluntary Association for Mental Welfare.*

During 1936, the names of 28 children between 7 and 16 were added to the Register of the Voluntary Association, including 1 re-entry, a boy who had returned home from a Residential Special School at 14 and would remain under friendly supervision.

By the end of the year, 4 of the new cases had been certified under the M.D. Act (1 on Court Order under Section 8 of the Act), 3 had been admitted to Residential Special Schools, and 4, having been notified to the Local Authority as "ineducable" were under statutory supervision. 1 was receiving individual teaching, 1 was in employment and others were attending elementary schools. In the case of 1 girl (sister of a certified defective) who was dull, epileptic and in moral danger, action will be taken through the Juvenile Court early in 1937.

On behalf of the Education Authorities, the Association assisted in securing Special School vacancies and provided escorts for 5 admissions, 2 discharges (children who had attained the age of 16) and others returning home for holidays. As in previous years, Christmas cards were sent to all Leicestershire children in Special Schools for Mental Defectives.

The Occupation Centres at Coalville, Hinckley and Loughborough have continued to do good work, but in November, 1936, it was decided to close the Melton Centre and to institute "home training," by the Supervisor, for certain suitable cases. A successful start was made in this direction and was much appreciated by the parents. At one Centre the attendance prizes were won by a girl with 118 and a boy with 117 out of a possible 119 attendances.

XXI.—SECONDARY SCHOOLS.

(1) Medical Inspection.

There are fourteen secondary schools in the administrative County, seven of which are maintained by the Authority, the remaining seven being non-provided but aided.

The approximate number of children on the rolls of the provided schools is 1,426 and in the aided schools 1,969, a total of 3,395.

Each secondary school is visited by a Medical Officer at least once a year for the purpose of carrying out routine and special examinations. The work at the girls' schools is undertaken by a lady Medical Officer.

Routine medical inspections of children are made on their admission and at the ages of 12 and 15 years. Special children referred to the doctor by the teacher or parent are also examined at the time of the Medical Officer's visit.

Re-inspections of children discovered at the previous inspection to be suffering from defect or disease are also carried out and this is the only method employed of following these children up to ascertain whether or not treatment has been obtained.

The routine inspection numbered 1,302. As a result of these inspections it was found that 276 or 21.2 per cent. required treatment.

The most prevalent defect was found to be defective vision and 132 cases were referred for treatment and 60 for observation.

(2) Medical Treatment.

No treatment is provided under arrangements made by the Local Authority. All defective children requiring treatment are advised, through their parents, to consult their own doctor.

XXII.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The employment of children in the County is regulated by bye-laws. Employment is not permitted before school hours except for the delivery of milk and newspapers and a certain class of domestic work.

The engagement of young persons in street trading is also controlled by these bye-laws which have the general effect of ensuring that employment has no deleterious effect on the children's fitness to receive education.

Every child making application for an employment certificate is required to pass a medical examination by one of the School Medical Officers.

During the year 256 certificates were granted :—

Errands	....	....	....	....	....	53
Delivery of Newspapers	....	...	....			189
Delivery of Milk	....	....	....	....		7
Other permitted duties	....	....	....			7

XXIII.—HYGIENIC CONDITIONS OF ELEMENTARY SCHOOLS.

During 1936 each elementary school in the County was inspected by a Medical Officer in regard to the hygienic conditions, all particulars being entered on a special form. Thus for the fifth year in succession a complete survey has been made.

Each report is examined shortly after the inspection and defects in construction or management reported to the Building and Sites Department. The particulars obtained in the forms are as follows :—

- (1) The average attendance of Boys, Girls, and Infants. This information is necessary in order to determine the adequacy of the closet accommodation.
- (2) The surroundings—whether Urban or Rural, open or built-up.
- (3) Heating—the type and adequacy.
- (4) Ventilation—any special arrangements or defects are noted.
- (5) Lighting—classified as :—
 - (a) Natural—whether the windows are suitably placed and whether the light passing through them is adequate.
 - (b) Artificial—The type and whether satisfactory or not.

- (6) The Water Supply—Information is required under two heads :—
- (a) Potable—how obtained and whether the supply is adequate.
 - (b) Washing—In addition to the source and adequacy, it is noted whether wash basins or other facilities for washing are provided.
- (7) Sanitary Conveniences—The type of closet, and the number provided for the boys, girls, infants and staff is noted, also whether or not a urinal is provided for the boys. The cleanliness and condition of repair of these offices also require to be noted as well as the frequency of emptying or flushing according to the type of closet provided.
- (8) Cloakroom Accommodation—Whether adequate, also if there is any form of heating or facilities for drying clothes and boots.
- (9) Condition of the playground—The type and repair of the surface and whether the size is sufficient for the number of children attending the school.
- (10) The general cleanliness and condition of repair of school-rooms and cloakrooms.
- (11) The type of desks and whether they are suitable for the children attending the various classes.
- (12) Whether or not the blackboards are satisfactory.
- (13) General Remarks—The Medical Officer is requested to note any condition not present which would benefit the children's health, or any conditions that are likely to be detrimental to the health of the children.

The schools coming under the control of the County Education Committee fall into three categories :—those in rural districts, those in urban districts and the Modern or Central Schools.

In rural districts the schools are mainly of the small village school type and have been built for a considerable time. They are being used to an increasing extent for younger children only.

Schools both old and modern in construction are found in urban Industrial areas, the older type having been brought up-to-date in a number of instances. This is not always possible, however, owing to the proximity of other buildings. Where a main water

supply and sewerage facilities are available, they are utilised, with only a few exceptions, by the schools in the neighbourhood.

The Modern or Central Schools are for the most part of recent construction, but in some instances older schools have been modified structurally in order to bring them up-to-date. The Senior scholars attending are transferred daily to and from these schools.

The importance of satisfactory hygienic arrangements from an educative standpoint has been stressed in previous Annual Reports. Both personal and general hygiene is being taught to an increasing extent in the schools and should be stressed in example as well as precept. It is impossible for a teacher to emphasize the importance of sunlight and fresh air effectively in a classroom which has poor lighting and ventilation. Again no advantage is gained by teaching personal cleanliness if the school lacks adequate washing facilities.

Various defects and improvements are noted below under the appropriate headings.

Heating.

Central Heating if properly planned as to its adequacy and in relation to the means of ventilation of the rooms has been found very satisfactory and all the new schools are equipped with this type of heating. In the older schools where the plants have been installed for some time improvements are often necessary but owing to the expense involved these improvements are frequently delayed. In two schools inadequacy of the heating by this method was complained of, in one school where there was a combination of Central Heating and open fires, the rooms which contained the latter were insufficiently heated during the winter.

Stoves give a better result than open fires but are not so satisfactory as central heating. In five schools inadequacy of the heating by means of stoves was reported on, while complaints were received from three schools where stoves are used in conjunction with open fires. It is usual to find that the complaint concerns one room only and in most cases the method of heating the room is by means of an open fire.

Open fires though still commonly met with in the older and smaller schools are the least popular and effective form of heating.

During a really cold spell they are seldom adequate. Seven complaints with regard to the inadequacy have been received during the year.

In the several schools where heating is by means of electricity this method has been found satisfactory.

Ventilation.

All the schools depend on natural means of ventilation and the majority are provided with ventilators placed in the roof or high up in the walls for the exit of vitiated air.

In seven schools the ventilation was inadequate and in two of them it was suggested that more windows be made to open.

Lighting.

The lighting by natural means is adequate in the majority of schools. In two schools leaded panes in some of the windows interfere with the lighting and in another school overshadowing trees have the same effect. In eight schools the natural lighting is inadequate owing to insufficient window area.

During the past few years electric light has gradually replaced other methods of artificial lighting and has now been installed in a large number of schools. It is the most satisfactory form of illuminant, being easy to use, clean and does not vitiate the atmosphere.

Gas as a means of lighting is not satisfactory and is gradually being replaced by electric light.

Oil lamps are only used in small country schools which close early and thus no inconvenience is felt. Electric Light, when available is installed in these schools.

Water Supply.

Every school should utilise the main water supply where this is available as an adequate supply of pure drinking water is very desirable, particularly in those schools where the children come from surrounding villages and are not able to get home for their mid-day meal.

Villages are to an increasing extent providing a main supply and it is essential that the schools should benefit from such schemes.

Where a main supply is not available potable water is obtained from the village pump or neighbouring well and stored in covered pails on the school premises.

There are still a few schools which do not provide any drinking water for the children and that such a state of affairs should exist in these days is deplorable.

Drinking fountains are provided in most up-to-date schools and are more satisfactory than mugs which tend to assist the spread of infection, particularly during epidemics.

The problem of water for washing is much less acute and is usually rain water collected from the roof and stored in tanks. The chief disadvantage is that there is liable to be a shortage during a drought.

Wash basins and towels are provided for the children but in some cases these facilities are inadequate. On the other hand, many of the schools which are connected to a main supply are well equipped in this respect and some have hot water laid on to the basins.

It is especially desirable that there should be adequate facilities for washing where the scholars have their mid-day meal on the school premises.

Sanitary Conveniences.

The remarks made last year on the type of convenience again apply.

The use of water closets is being extended wherever practicable and advantage is taken of the sewerage facilities where these are available except in a few schools which still adhere to the use of pail closets. In some of the rural schools the Caretaker hand-flushes the water closets daily where the water supply is not sufficient for automatic flushing.

Pail closets are provided where water closets are not practicable and if attended to regularly are found to be satisfactory. The District or Parish Council usually undertakes responsibility for emptying the pails, otherwise this is done by the attendant or by private contract. There was one complaint of infrequent emptying during 1936.

In a few schools the pit or privy midden type of convenience is still in use, but being difficult to empty is not satisfactory. It is to be hoped that this type will be done away with in the near future and pail or water closets substituted.

Complaints have been received from a few schools that the accommodation was inadequate and it is reported that in several others the conveniences are not suited to the use of infants.

Cloakroom Accommodation.

In all the up-to-date schools adequate provision is made for the drying of boots and clothing.

Correct accommodation should allow for a free passage of air between the various sets of clothing and there should be a sufficient number of pegs so that the children can have individual pegs on which to hang their clothing.

During 1936, the accommodation in four schools was reported on as inadequate and in two schools as poor, which, however, is an improvement on last year.

Playgrounds.

Most of the schools provide a playground for the children while in a few rural schools where the playgrounds are small, the children have the use of a neighbouring field as well.

Two important factors enter into the provision of a playground ; adequacy in size and the condition of the surface.

If the size is not adequate, some children will wander into the road while others will remain behind in the classrooms, thus not getting the full benefit of the break and also preventing the classrooms being given a thorough airing.

Asphalt is the most satisfactory surface for a playground and further playgrounds are being thus surfaced. Many of the rural schools still have gravelled surfaces which are unsatisfactory as they become muddy in wet weather and the loose stones cause the children to fall frequently during play and skin abrasions often result. Physical training is also hampered on a gravel surface.

In several schools, the asphalt surface is reported to be in a poor state of repair.

Desks.

As was pointed out last year, it is most important that suitable desks be provided for school children as otherwise postural defects are often induced.

Unsuitable and old-fashioned desks are gradually being replaced by those of modern design and in eighteen schools inadequacy of desks was reported on as compared with forty last year.

Blackboards.

The only defect reported under this heading was one broken frame. A blackboard should be placed in the classroom in such a position that all the children can read it with ease and the surface should not be reflecting as this causes eyestrain.

General Repairs.

No reports of general disrepair or general uncleanness were received during the year.

Attention was drawn under general remarks to three worn floors, two leaky roofs, two unhinged doors and one case of loose bricks in a girls' cloakroom. Extra precaution against fire was suggested in two schools.

Summary of Repairs and Improvements carried out during 1936.

Tarped playgrounds provided	....	....	28
Electric light installed	....	....	8
Heating apparatus installed	....	....	5
New Floors	....	....	5
Folding partitions provided	....	....	5
Water supply laid on	....	....	4
Alterations to out-offices	....	....	2
School premises re-conditioned	....	....	2
Staff Room provided	....	....	1

A complete hygienic supervision of the Public Elementary Schools in the County during 1936 was again rendered possible by the co-operation of the teachers and the members of the Education Committee's Staff together with that of the Building and Sites Department.

ELEMENTARY SCHOOLS.

TABLE I.

A.—Routine Medical Inspections.

Year ended 31st December, 1936.

Number of Code Group Inspections.

Entrants	....	....	....	....	....	3,745
Second Age Group	....	....	....	....	....	3,343
Third Age Group						3,608
Total						10,696

Number of other Routine Inspections		464
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B.—Other Inspections.

Number of Special Inspections			3,441
Number of Re-Inspections			3,430
Total			6,871

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year
ended 31st December, 1936.**

DEFECT OR DISEASE.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)					(2)	(3)	(4)	(5)
SKIN	....	Ringworm :						
		Scalp	....	....	4	—	13	—
		Body	....	....	—	1	17	—
		Scabies	....	....	2	—	12	—
		Impetigo	....	....	14	1	147	—
EYE	....	Other Diseases (Non-Tuberculous)			28	3	96	—
		Blepharitis	....	....	56	2	72	—
		Conjunctivitis	....	....	5	—	36	—
		Keratitis	....	....	—	—	—	—
		Corneal Opacities	....	....	3	1	2	—
		Defective Vision (excluding Squint)			604	75	248	23
		Squint	....	....	158	25	26	—
EAR	....	Other Conditions	....	....	14	6	6	1
		Defective Hearing	....	....	11	4	18	2
		Otitis Media	....	....	46	5	70	4
		Other Ear Diseases	....	....	11	2	25	3
NOSE AND THROAT		Chronic Tonsillitis only			376	437	76	15
		Adenoids only			55	49	38	4
		Chronic Tonsillitis & Adenoids			130	52	147	7
		Other Conditions			7	3	15	5
ENLARGED CERVICAL GLANDS (Non-Tuberculous)					17	26	17	4
DEFECTIVE SPEECH					—	2	3	—
HEART AND CIRCULATION		Heart Disease :						
		Organic	....	....	16	18	6	4
		Functional	....	....	—	3	1	1
LUNGS		Anæmia			49	5	8	—
		Bronchitis			27	9	21	—
		Other Non-Tuberculous Diseases			9	16	2	—
TUBER-CULOSIS		Pulmonary :						
		Definite	....	....	1	—	—	—
		Suspected	....	....	2	3	1	—
		Non-Pulmonary :						
		Glands	....	....	1	—	—	—
		Bones and Joints	....	....	3	1	1	—
NERVOUS SYSTEM		Skin	....	....	—	—	—	—
		Other Forms	....	....	1	—	—	—
		Epilepsy	....	....	4	2	1	—
		Chorea....	....	....	6	—	5	—
DEFOR-MITIES		Other Conditions	....	....	—	—	2	3
		Rickets	....	....	3	2	1	—
		Spinal Curvature	....	....	8	—	3	—
Other Defects and Diseases		Other Forms	....	....	24	16	20	3
					74	48	146	64
					1,769	817	1,302	143

TABLE II.—continued.

B.—Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint)	For all other conditions recorded in Table II A.	Total.
(1)	(2)	(3)	(4)
Entrants	9	522	515
Second Age Group	249	311	504
Third Age Group	313	255	544
Total	571	1,088	1,563
Other Routine Inspections	33	37	64
Grand Total	604	1,125	1,627

C.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	No. of Children Insp'd	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	3745	540	14.4	2738	73.1	455	12.1	12	0.32
Second Age-group	3343	408	12.2	2495	74.6	420	12.6	20	0.60
Third Age-group	3608	557	15.4	2630	72.9	400	11.1	21	0.58
Other Routine Inspections	464	89	19.2	313	67.5	58	12.5	4	0.86
TOTAL	11160	1594	14.3	8176	73.3	1333	11.9	57	0.51

TABLE III.**Return of all Exceptional Children in the Area.****CHILDREN SUFFERING FROM MULTIPLE DEFECTS.**

Children suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease

10

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	—	—	1	3

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institu- tions.	At no School or Institu- tion.	Total.
11	—	3	—	5	19

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	3	—	2	16

TABLE III.—continued.

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institu- tions.	At no School or Insti- tution.	Total.
—	—	—	—	—	—

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	187	1	41	239

Notified to the Local Mental Deficiency Authority <i>during the year</i>	Males	Females	Total
	12	3	15

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	6	8

TABLE III.—continued.

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	33	1	22	67

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
20	61	1	20	102

B.—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	133	—	32	166

C.—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
13	162	—	56	231

TABLE III.—continued.

D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At No School or Institution.	Total.
—	33	—	9	42

TABLE IV.

Return of Defects treated during the year ended
31st December, 1936.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V I.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i.) X-Ray Treatment	1	—	1
(ii.) Other Treatment	5	15	20
Ringworm-Body	16	2	18
Scabies	10	14	24
Impetigo	142	101	243
Other skin disease	82	20	102
<i>Minor Eye Defects—</i>			
(External and other, but excluding cases falling in Group II.)	94	36	130
<i>Minor Ear Defects</i>	60	22	82
<i>Miscellaneous—</i>			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	650	15	665
TOTAL	1,060	225	1,285

TABLE IV.—continued.

Group I I.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme.	Otherwise.	Total.	Prescribed (1)		Obtained (2)	
				(i) Under the Authority's Scheme.	(ii) Other wise.	(i) Under the Authority's Scheme.	(ii) Other-wise.
Errors of Refraction (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)	1,419	57	1,476	—	—	—	—
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	147	—	147	—	—	—	—
Total	1,566	57	1,623	1,392	57	1,196	27

Group I I I.—Treatment of Defects of Nose and Throat.

Number of Defects													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		(5)
—	4	321	—	—	—	51	—	—	4	372	—	—	376

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group V. Dental Defects—continued.

(4) Fillings	....	....	{ Permanent teeth 14,342 }	Total	14,374
			{ Temporary teeth 32 }		
(5) Extractions	....		{ Permanent teeth 1,515 }	Total	13,555
			{ Temporary teeth 12,040 }		
(6) Administrations of general anæsthetics for extractions					47
(7) Other operations			{ Permanent teeth 70 }	Total	105
			{ Temporary teeth 35 }		

Group VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	....	....	....	6.6
(ii.) Total number of examinations of children in the Schools by School Nurses	....	....	....	101,532
(iii.) Number of individual children found unclean	....			4,483
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	....			—
(v.) Number of cases in which legal proceedings were taken :—				
(a) Under the Education Act, 1921	....	....		—
(b) Under School Attendance Byelaws	....	....		—

SECONDARY SCHOOLS.

TABLE I.

Number of Children Inspected from 1st January, 1936 to
31st December, 1936.

A.—Routine Inspections.

Age	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
Males	—	—	5	21	29	133	259	48	52	248	39	—	2	836
Females	2	—	2	11	16	47	153	14	28	184	7	2	—	466
Total	2	—	7	32	45	180	412	62	80	432	46	2	2	1,302

B.—Special Inspections.

	Specials.	Re-Inspections.
Males	4	68
Females	5	55
Total	9	123

C.—Total Number of Individual Children Inspected by the Medical Officers whether as Routine or Special cases.

Number of individual children inspected 1,434

TABLE II.

A.—Return of Defects found in the course of Routine Medical Inspection in 1936.

Defect or Disease.				ROUTINE INSPECTIONS.	
				Number referred for Treatment.	Number required to be kept under observation but not referred for treatment.
MALNUTRITION	....	....	....	4	1
UNCLEANLINESS, Head	....	....	....	—	—
SKIN	....	{ Impetigo	....	—	—
		{ Scabies	....	—	—
		{ Other Diseases—non-Tuberculous	....	—	2
EYE	....	{ Defective Vision	....	132	60
		{ Squint	....	3	—
		{ External Diseases	....	8	2
EAR	{	Defective Hearing	....	—	3
		Ear Disease	....	4	1
NOSE AND THROAT	{	Enlarged Tonsils and Adenoids	....	6	1
		Enlarged Tonsils	....	18	33
		Adenoids	....	1	—
		Other Conditions	....	5	1
TEETH	....	....	....	2	26
CERVICAL GLANDS	....	....	....	2	3
DEFECTIVE SPEECH	....	....	....	—	4
HEART	{	Organic	....	2	3
		Functional	....	1	—
		Anæmia	....	11	—
LUNGS—Non-Tubercular Diseases	....	....	....	—	1
TUBERCULOSIS	{	Definite	....	—	—
PULMONARY	{	Suspected	....	—	—
NERVOUS	{	Chorea	....	3	—
SYSTEM	{	Other Conditions	....	—	1
DEFORMITIES	{	Spinal Curvature	....	2	2
		Flat Foot	....	65	22
		Other Forms	....	5	10
ENLARGED THYROID GLAND	....	....	....	—	—
OTHER DISEASES OR DEFECTS....	....	....	....	4	—

B.—Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases.)

Number inspected	....	....	....	....	1,302
Requiring treatment	....	....	....	....	276
Percentage requiring treatment	....				21.2%

